

**Section 1 MSWG CAP PILOT INFORMATION & CERTIFICATION** ☐ Initial ☐ Update

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_ Gen. ID:\_\_\_\_ CAPID: \_\_\_\_\_

Grade: \_\_\_\_\_ Unit: \_\_\_\_\_ Membership Expires: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Ext.: \_\_\_\_\_ Cell: \_\_\_\_\_

Pager: \_\_\_\_\_ PIN: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Section 2**

FAA Certificates: ☐ PVT ☐ COM ☐ ATP ☐ CFI Date of Last BFR: \_\_\_\_\_

FAA Ratings: ☐ ASEL ☐ AMEL ☐ Instrument Airplane ☐ Glider ☐ Balloon

Medical Class ( ) 1st ( ) 2nd ( ) 3rd Medical Issued: \_\_\_\_\_

Total Hours PIC: \_\_\_\_\_

**Section 3**

CAP Form 5 Completed: \_\_\_\_\_ CAP Form 5 completed in (Check all that apply)

☐ C-172 ☐ C-172R/S ☐ C-182 ☐ Other \_\_\_\_\_

CAP Form 91 Completed: \_\_\_\_\_

**Section 4**

CAP Form 101 Expires: \_\_\_\_\_ ☐ 1. General ES

☐ 10. SAR/DR Pilot ☐ 11. Transport Mission Pilot

☐ Designated Form 5 Check Pilot ☐ Designated Mission Check Pilot

C. O. P. Training Completed: \_\_\_\_\_ ☐ Designated Cadet Orientation Pilot

CD Orientation Completed: \_\_\_\_\_

**Section 5**

I certify that the above is true and correct: \_\_\_\_\_ Date: \_\_\_\_\_  
Pilot's Signature

Records, documents and certification : \_\_\_\_\_ Date: \_\_\_\_\_  
verified and complete. Unit Commander or  
Designee's Signature

## INSTRUCTIONS FOR COMPLETING THE CAP PILOT INFORMATION & CERTIFICATION

If this is an **INITIAL** form, check the Initial box on the top lefthand corner, then proceed to Section 1. **Additionally, attach a copy of your initial CAP Form 5 and Pilot's Certificate.**

If this is to **UPDATE** existing records, check the Update box and complete the first two (2) lines in section 1, then complete only those items that are to be updated.

### **Section 1**

Complete all requested data. Be sure to include area codes with all phone numbers. Note: Gen. ID is Jr, III, etc.

### **Section 2**

Check all appropriate boxes pertaining to your to FAA Certificates and Ratings. Enter **ISSUE** dates for your BFR and Medical. For CAP purposes, a 1<sup>st</sup> Class Medical shall be in force for one (1) calendar year from the date of issue.

### **Section 3**

Enter **COMPLETION** date for your current CAP Form 5. Place a checks in the boxes next to the aircraft in which you completed the CAP Form 5 flight examination.

If applicable, enter the **COMPLETION** date for your current CAP Form 91.

### **Section 4**

Enter the **EXPIRATION** date of your current CAP Form 101 (101 Card). Next, check all applicable advanced speciality ratings, as marked on your current 101 card.

If you have been **designated** as a Form 5 or Mission Check Pilot, check the appropriate box.

If you have completed the Mississippi Wing Cadet Orientation Pilot Training seminar, enter the date completed. If you have been **designated** as a Cadet Orientation Pilot, put a check in the box.

If you are qualified to participate in CN (CD) operations, enter the date your **LAST** Counter Narcotics (Counterdrug) Orientation.

### **Section 5**

The pilot shall sign and date the CAP Pilot Information & Certification certifying that the information is true and correct.

The Squadron Commander shall visually verify that all applicable documents and records true and correct and the certification process is complete. The Squadron Commander or commander's designee shall sign and date the MSWG CAP Pilot Information & Certification attesting to this fact.

If the Squadron Commander is the pilot of record, the Squadron's Deputy Commander or its Operations Officer shall pursuant to the same requirements, sign and attest as herein stated.